

# MICHIGAN'S RECOVERY ORIENTED SYSTEM OF CARE

## GLOSSARY OF TERMS

**Please note:** This Recovery Oriented System of Care (ROSC) Substance Use Disorder (SUD) Glossary of Terms, compiled by the Bureau of Substance Abuse and Addiction Services (BSAAS), has been disseminated to the Transformation Steering Committee (TSC) for review, as well as completely reviewed by a workgroup comprised of SUD and mental health (MH) staff, and persons in recovery. The Glossary is a culmination of the original draft and the efforts of the multidisciplinary ROSC SUD Glossary Workgroup.

Through this process, we have achieved transparency and inclusion, as well as coordinated alignment with SUD and MH ROSC efforts. It is intended for this Glossary to be a fluid document that will need to be amended as the ROSC transformation process advances.

**Abstinence:** Refraining from the use of alcohol, illicit drugs and other addictions. Examples of other addictions include, but are not limited to, smoking, eating disorders, gambling, and self-harm.

**Abstinence-Based Recovery:** The strategy of complete and enduring cessation of the use of alcohol, drugs and/or other addictions. Examples of other addictions include, but are not limited to, smoking, eating disorders, gambling, and self-harm. The achievement of this strategy remains the most common definition of recovery in addiction, but the necessity to include it in this glossary signals new conceptualizations of recovery that are pushing the boundaries of this definition. (See partial recovery, moderated recovery, serial recovery.)

**Acute Episodes:** A period when a chronic illness is most intense. It includes flare-ups during periods when the chronic illness has been otherwise controlled or in remission. Acute episodes are indicated by marked increase or intensity in the severity of the illness. These episodes require immediate attention and can be short term if given an appropriate intervention and support.

**Acute Illness:** Rapid and severe onset of illness.

**Access Management System:** An administrative system through the coordinating agencies designed to perform access to service functions through screening and authorization, and may be delegated to the provider network.

**Accreditation:** A procedure by which an authoritative body gives formal recognition that a body or person is competent to carry out specific tasks. Additionally, the authoritative body ensures that a body or person's qualifications meet national requirements.

**Acudetox (Auricular Detox):** The specific application of Acupuncture techniques to five points on the ear for the purpose of treatment or relapse prevention of substance use disorders.

**Addiction:** A chronic disease, characterized by compulsive (loss of control) substance seeking or using behavior or other behavior despite adverse health, social, or legal consequences to continued use.

**Addiction Ministry:** This refers to the outreach, treatment and recovery support services offered through the auspices of local churches as part of their ministry to their community.

**Addiction Technology Transfer Centers (ATTC):** A nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services field, the ATTC Network serves to: *Raise awareness* of evidence-based and promising treatment and recovery practices, *Build skills* to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services, and *Change practice* by incorporating these new skills into everyday use for the purpose of improving addictions treatment and recovery outcomes. Great Lakes Addiction Technology Transfer Center (GLATTC) is Michigan's center.

**Advocate:** A person who represents the rights and interests of another individual in order to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meet the individual's needs.

**Alcoholism:** A disease characterized by excessive and habitual intake of alcoholic beverages or other liquids containing alcohol resulting in physical, psychological, and social harm.

**American Society of Addiction Medicine (ASAM):** A professional organization for physicians who specialize in the treatment of addiction.

**ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition - Revised (ASAM PPC-2R):** This document contains the most widely used and comprehensive national guidelines for placement, continued stay and discharge of patients with alcohol and other drug problems. It provides two sets of guidelines, one for adults and one for adolescents, and five broad levels of care for each group. Within these broad levels of service is a range of specific levels of care.

**Anonymity:** A concept in 12-step programs and other self-help groups allowing individuals to remain unidentified outside of the group setting.

**Assessment:** The process of interviewing an individual to obtain the sociological background, psychological makeup, education and work history, family and marriage difficulties, and medical issues to better identify an individual's needs.

**Asset-Based Community Development:** A technique for identifying and charting the pathways and destinations in the local community most likely to be welcoming and supportive of the person's efforts at community inclusion.

**Asset Mapping:** A strategy that involves developing and utilizing virtual or mental landscapes of community life that highlight resources, assets, and opportunities. Identifying opportunities in local communities for people in recovery to become involved in valued social roles in educational, vocational, social, recreational, and affiliation (e.g., civic, spiritual) life.

**Behavioral Health Disorder:** A term used to refer to mental health and substance use disorders.

**Boundaries:** The parameters of conduct in the practice of a professional relationship which are intended to prevent behavior that jeopardizes the well-being of the individual being served. Boundaries can be characterized according to general categories: boundaries of propriety and space, behavioral, verbal and energetic. They may include, but not be limited to the issues of role; time; place and space; money; gifts, services, and related matters; clothing; language; self-disclosure and related matters; and physical contact.

**Bureau of Substance Abuse and Addiction Services (BSAAS):** Located within the Michigan Department of Community Health, Mental Health and Substance Abuse Administration, oversees the administration of the state's public substance use disorder service network of prevention, treatment, and recovery services. In addition, BSAAS administers the problem gambling program, which includes education, prevention and treatment services, and a 24-hour help-line.

**Care Coordination:** The facilitation of access to specialized services, and community and natural supports to ensure that needs of the individual are met.

**Case Management:** A process to coordinate behavioral health care resources used in the provision of care and services.

**Center for Substance Abuse Prevention (CSAP):** The sole federal organization with responsibility for improving accessibility and quality of substance use disorder prevention services. CSAP is within the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

**Center for Substance Abuse Treatment (CSAT):** The federal center promotes the quality and availability of community-based substance use disorder treatment services for individuals and families who need them. CSAT works with states and community-based groups to improve and expand existing substance use disorder treatment services. CSAT is within the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

**Chemical Dependency:** A general term used to describe a physical and/or psychological reliance on alcohol, tobacco or other drugs.

**Choice:** The manner in which the person selects their individualized treatment, rehabilitation, recovery, and life from a variety of options. This is a key concept in recovery-oriented care.

**Chronic Diseases:** Disorders that can be treated but cannot be cured with existing medical technologies. Symptom severity may fluctuate over time and may be marked by acute episodes. These disorders often develop from multiple, interacting etiological roots; vary in their onset from sudden to gradual; and are highly variable in their course (pattern and severity) and outcome.

**Child Welfare (System):** Describes a set of community and/or government-run services designed to protect minor children and to provide intervention, reduce risk, and develop and support family stability.

**Community:**

**Regional:** The individuals, families, groups, agencies, facilities or institutions within the geographic area.

**Individualized:** A person's self-selected associations pertaining to locations, populations and affiliations to which they connect through commonalities, comfort and support.

**Community-based Needs Assessment:** A systematic process to acquire an accurate, thorough picture of the strengths and risk factors of a community. Assessment results can be used to examine community-wide strengths and challenges, and assist in developing a plan to improve community conditions and create a supportive environment of SUD recovery and individual, family and community wellness.

**Confidentiality:** Refers to the rules and regulations that protect the individual being served and the information that must not be conveyed to another individual in any written, spoken, or inferred manner. Authorization must be acquired from the individual to allow for the exchange of information. Specific laws and regulations regarding confidentiality can be found in 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act (HIPAA).

**Continuing Care:** Ongoing services and supports for chronic conditions.

**Continuity of Contact:** Sustained relationships within services and supports, over the course of recovery.

**Continuum of Care:** An available range of service types utilized to address the level of needs individuals have over time.

**Co-occurring Disorder:** A term used when a person has both a mental health disorder and a substance use disorder. Both the mental health and the substance use disorders may create significant challenges, but the interactions of these disorders require integrated treatment.

**Coordinating Agency:** Organizations established by law that are responsible for the performance of administrative functions and assuring compliance with federal and state mandates and guidelines for the division of SUD services. Additional responsibilities include assessing the substance abuse services needs within their region, establishing a panel of providers to address these needs, and monitoring provider contract compliance.

**Counseling:** A professional helping relationship that begins with the client exploring the way they think, how they feel and what they do for the purpose of enhancing their life.

**Craving:** An uncontrollable desire to use a particular substance or engage in a particular act.

**Credentials:** An official qualification, competence, or authority issued to an individual by a third party with a relevant legal or professional expertise or competence to do so. Examples of credentials include academic diplomas, academic degrees, certifications, security clearances, and so on.

In Michigan, certification/credentialing is required to work in the publically funded SUD service field. The Michigan Certification Board for Addiction Professionals (MCBAP) is the entity responsible for the credential/certification process. For additional information contact [micbap@aol.com](mailto:micbap@aol.com).

**Criminal Justice:** The system of practices and institutions of governments directed at upholding social control, deterring and mitigating crime, and imposing penalties and rehabilitative efforts to those who violate the law.

**Culture:** Culture includes but is not limited to, the shared values, norms, traditions, customs, art, history, folklore, religious, and healing practices, and institutions of a racial, ethnic, religious or social group.

**Cultural Competence:** a set of behaviors, attitudes, policies, and practices that come together in a substance use disorder service system that includes BSAAS, coordinating agencies, providers, and professionals working effectively to serve Michigan's culturally diverse population.

**Denial:** The inability of a person to acknowledge the reality of his/her behavior and choices.

**Detoxification:** The metabolic process by which the toxic qualities of a poison or toxin are eliminated by the body. Pertaining to addiction, it is generally a medically supervised treatment for alcohol or drug addiction designed to purge the body of intoxicating or addictive substances. Such a program is used as a first step in overcoming physiological or psychological addiction.

**Detoxification (as a service):** A set of interventions performed within a treatment program aimed at managing acute intoxication and withdrawal. It denotes to a clearing of toxins from the body of the patient who is acutely intoxicated and or dependent on substances of abuse.

**Disease Model of Addiction:** Identifies addiction as a primary, chronic disease with genetic, physiological, psychosocial and environmental factors influencing its development and manifestations.

**Disease Management:** A system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant. It is the process of reducing healthcare costs and/or improving quality of life for individuals by preventing or minimizing the effects of a disease, usually a chronic condition, through integrative care. The common goal is to enhance clinical outcomes by developing and implementing methods and technologies that result in symptom abatement and the reduction of the number, intensity and duration of needed service interventions.

**Disparities in Healthcare:** Differences in access, quality, and/or outcomes of healthcare based on such issues as race, ethnicity, culture, gender, sexual or religious orientation, social class, stigma or geographic region.

**Early Intervention:** (two definitions)

**Prevention** “Early Intervention” is a term generally used to describe those early efforts to intervene when an individual is seen as being at risk or in the early stages of use (not yet indicating a need for treatment).

**Treatment** “Early Intervention” refers to specifically focused programs, including stage-based intervention for persons with substance use disorders, as identified through a screening or assessment process, including individuals who may not meet the threshold of abuse or dependence.

**Empowerment:** The process of increasing and supporting an individual’s or group’s capacity to make their own decisions and choices, and exercise their choices into desired actions and outcomes.

**Engagement:** Implementing a process to successfully connect and retain individuals in a treatment or therapeutic program.

**Ethics:** A standard of appropriate conduct.

**Evidence-Based Practices (EBP):** Clinical and service practices that have scientific support for their efficacy and effectiveness.

**Evidence-Based Program:** Those programs that have been found to be effective based on the results of rigorous evaluations.

**Faith-Based Recovery:** Utilization of a framework of religious experiences, beliefs, and rituals within the mutual support of a faith community.

**Family-Centered Care:** A treatment practice in which the family, rather than the individual, is the primary “client.” Such practices can be implemented by offering family members a variety of services that focus on their needs and which offer a continuum of pre-treatment, treatment, and recovery support services.

**Harm Reduction (as a stage of recovery):** A set of practical strategies that reduce negative consequences of substance use.

**Illness Self-management:** An intervention designed to empower individuals to better manage their illness in which the individual takes responsibility for doing what is necessary to manage his/her illness effectively in partnership with professional care providers and support systems.

**Indigenous Healers and Institutions:** People and organizations in the natural environment of the recovering person who offer words, ideas, rituals, relationships, and other resources that help

initiate and/or sustain the recovery process. They are distinguished not only by training and purpose, but also through relationships that are culturally-grounded, enduring, and reciprocal.

**Individualized Treatment Planning:** A plan developed with the individual, based on a biopsychosocial assessment to meet the identified individualized needs of the person.

**Integrated Treatment:** A treatment practice in which multiple disorders or concerns are addressed through a primary provider. In this treatment approach, the primary provider engages in the provision of direct services with an individual and facilitates the acquisition of other needed services that may not be available at the primary provider site. This treatment approach acknowledges the interaction or interrelationship of the multiple disorders, and service planning addresses these interactions.

**Medication-Assisted Recovery:** The use of specific medications, in combination with counseling and/or other components of recovery.

**Mentor:** A trusted, caring person who provides support and advice, and is an example that can help individuals from all circumstances succeed in their endeavors.

**Michigan Certification Board for Addiction Professionals:** The organization in Michigan that administers the SUD credentialing process inclusive of International Certification and Reciprocity Consortium compliance.

**Motivational Interviewing (MI):** A structured therapeutic practice that addresses barriers to change through the resolution of ambivalence and focuses on intrinsic motivation and values. MI is not limited to a set of techniques or tools, and is a style of interacting with clients that supports the collaborative partnership to which each brings valued expertise.

**Natural Recovery:** A term used to describe those who have initiated and sustained recovery within their environment and without professional intervention.

**Natural Support:** Refers to people in a variety of roles who are engaged in supportive relationships with people in recovery outside of health care settings. Examples of natural supports include family, friends, and others such as employers, neighbors, or any other person who plays a positive, but non-professional, role in someone's recovery.

**NIATx:** Formerly known as the Network for the Improvement of Addiction Treatment – now simply known as NIATx. NIATx is part of the Center for Health Enhancement System Studies at the University of Wisconsin – Madison. Their focus is on implementing simple and innovative solutions to get more people into treatment and keep them there longer, reduce costs, improve staff morale and increase revenue using existing resources.

**No Wrong Door:** A term used to describe a philosophy and practice where individuals can go to any agency to find the information, services and referral they are seeking.

**Outpatient Therapy:** A wide variety of programs for people who visit a clinic at regular intervals. Most of the programs involve individual or group counseling. It is a program where individuals are treated, while residing at home or in another supportive environment.

**Paths to Recovery:** The many different ways people use to achieve recovery. Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors and expectations for recovery. An individual's path to recovery is highly personal and can involve a redefinition of identity or a process of progressive change. Furthermore, pathways are often social, grounded in cultural beliefs or traditions and involve informal community resources that provide support. Recovery is a process of change that permits an individual to make healthy choices and improve the quality of his or her life.

**Peer:** A person in a journey of recovery who identifies with an individual based on shared background and life experience.

**Peer-Delivered Service:** Any service or support provided by a person in recovery from a mental health and/or substance use condition.

**Peer-Operated or Peer-Run Program:** A program that is developed, staffed, and managed by people in recovery. These programs provide services and supports to others in recovery.

**Peer Specialist:** A peer (see above) who has been trained to utilize their personal history of recovery to share hope and provide support to people in their own journey of recovery.

**Peer Support:** When peers provide knowledge, experience, and emotional, social or practical help in partnership with each other.

**Person-Centered Planning:** A process for planning and support driven by the individual receiving services that honors the individual's preferences, choices, and abilities.

**Person in Recovery:** A person who has chosen to address attitudes and behaviors that interfere with his/her desired quality of life, and has chosen to learn skills that will support personal wellness.

**Prevention:** Service designed to reduce the probability of developing and exacerbating substance use disorders and/or mental health problems.

**Recovery:** A highly individualized journey of healing and transformation where the person gains control over his/her life. It involves the development of new meaning and purpose, growing beyond the impact of addiction or a diagnosis. This journey may include the pursuit of spiritual, emotional, mental, and physical well-being.

**Recovery Advocacy:** The process of educating and exerting influence toward the development of pro-recovery social policies, programs and actions.

**Recovery Capital:** The quantity and quality of both internal and external resources that a person can utilize to initiate and maintain recovery.

**Recovery Centers:** Places where recovery support services are designed, tailored, and delivered to individuals within local communities.

**Recovery Coach:** An individual who links the recovering persons to the community, serves as a personal guide or mentor in the process of personal and family recovery, and helps remove personal and environmental obstacles.

**Recovery Community:** A term used to convey the sense of shared identity and mutual support of those persons who are part of the social world of recovering people. The recovery community includes individuals in recovery, their family and friends, and a larger circle of “friends of recovery” that includes both professionals working in the addictions field and recovery supporters within the wider community.

**Recovery Houses/Transitional Living Programs/ Oxford Houses:** A residence or facility that offers a safe, drug-free housing environment for recovering individuals. This facility does not provide treatment.

**Recovery Management:** The provision of engagement, education, monitoring, mentoring, support, and intervention technologies to maximize the health, quality of life, and level of productivity of persons with severe mental health and/or substance use conditions. Within the framework of recovery management, the “management” of the condition is the responsibility of the person with the condition.

**Recovery Outcomes:** The indicators of individualized benefits achieved as a result of the personal transformation.

**Recovery Plan:** A plan that focuses on an individual’s selected path of transformation inclusive of strategies and supports to achieve and maintain recovery.

**Recovery Support Services:** Non-clinical services designed and delivered by individuals and families in recovery. These community-based services are included to strengthen and enhance those offered through the service delivery system to help prevent relapse and promote long-term recovery.

**Relapse:** The process of returning to patterned thoughts and behaviors, and/or active substance use after a period of stability. Relapse is considered to be part of the recovery process and a component of a chronic disease, and should be viewed as an opportunity for learning.

**Relapse Prevention:** A method of teaching recovering individuals to recognize and manage relapse warning signs. This includes teaching the individual about the relapse process, and how to manage it, as well as identifying the problems and situations that may cause a relapse (triggers).

**Residential Treatment Program:** Services that are provided in a full or partial residential setting where individuals reside while receiving services. Such services may be supplemented with diagnostic services, counseling, vocational rehabilitation, work therapy, or other services that are judged to be valuable to clients in a therapeutic setting. Levels of residential services are defined by the American Society of Addiction Medicine.

**Retention:** A measure of the rate at which an individual stays connected to their prevention/treatment program.

**Self-Help Groups:** Groups of individuals who share their experience, strength and hope about recovery to help each other with the recovery process.

**Single State Agency (SSA):** The entity identified by the state to act as the authority for the identification, establishment and monitoring of the publicly funded substance use disorder prevention, treatment and recovery services. In Michigan, this role is served by BSAAS.

**Social Detoxification:** Detoxification in an organized residential non-medical setting delivered by appropriately trained staff who provide safe, twenty-four-hour monitoring, observation, and support in a supervised environment. It is characterized by its emphasis on peer and social support and it provides care for clients whose intoxication or withdrawal signs and symptoms are sufficiently severe to require twenty-four-hour structure and support.

**Spirituality:** A sense of connectedness to something or some purpose beyond oneself.

**Sponsorship:** The practice within a 12-step program of one recovering person guiding another through the steps and traditions of the 12-step program.

**Stages of change:** As identified by Prochaska and DiClemente, levels of readiness to modify behavior:

- 1) *Pre-contemplation:* The user is not considering change, is aware of few negative consequences, and is unlikely to take action soon.
- 2) *Contemplation:* The user is aware of some pros and cons of substance abuse but feels ambivalent about change. This user has not yet decided to commit to change.
- 3) *Preparation:* This stage begins once the user has decided to change and begins to plan steps toward recovery.
- 4) *Action:* The user tries new behaviors, but these are not yet stable. This stage involves the first active steps toward change.
- 5) *Maintenance:* The user establishes new behaviors on a long-term basis.

**Stigma:** The assignment of an attribute, behavior, or reputation that is socially discrediting.

**Story Telling:** The process by which recovering people share their experience with others as acts of self-healing and service. Telling one's story can be a means of inspiration and used as a method of reducing stigma.

**Strength-Based Assessment:** The measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social, and academic development. It offers a strategy for empowering individuals by building on the personal strengths and resources that are frequently overlooked or given minimal attention in a deficit-based approach.

**Substance Abuse:** Refers to the overindulgence in and dependence on a drug or other chemical, leading to effects that are detrimental to the individual's physical and mental health and/or the welfare of others.

**Substance Abuse and Mental Health Services Administration (SAMHSA):** Part of the United States Department of Health and Human Services, SAMHSA is a federal organization that works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment, and mental health services.

**Substance Dependence:** An individual's persistence in use of alcohol or other drugs despite problems related to use of the substance. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. This can be diagnosed with or without physiological dependence, evidence of tolerance or withdrawal.

**Substance Use Disorders:** Those disorders in which repeated use of alcohol and/or other drugs results in significant adverse consequences. Substance dependence and substance abuse are both considered substance use disorders.

**Therapist:** Individuals who help people with alcohol, drug, gambling and other addictive disorders to identify behaviors related to their addiction and develop therapeutic strategies to break dependencies and prevent relapses. They also work with people affected by the addictions of others and conduct programs aimed at preventing addictions.

**Tolerance:** The need for increased amounts of a substance to achieve intoxication or a desired effect.

**Transformational Change:** A cultural, values-based change which drives structural and practice changes, and is unique in three critical ways: 1) the future is unknown and only through forging ahead will it be discovered; 2) the future state is so different from the traditional state that a shift of mindset, values and culture is required to invent it; and 3) the process and the human dynamics are much more complex; partnership is critical!

**Transformation Steering Committee (TSC):** A diverse group of individuals empanelled to lead an informed and transparent transformation process to a SUD recovery oriented system of care in Michigan.

**Treatment:** An array of services whose intent is to enable the individual to cease substance abuse in order to address the psychological, legal, financial, social, and physical consequences that can be caused by abuse or dependence.

**Treatment Episode Data Sets (TEDS):** SAMHSA's Treatment Episode Data Set (TEDS) is a major national data collection system from SAMHSA's Office of Applied Studies that produces an annual report of the demographic characteristics and substance abuse problems of the individuals admitted to substance abuse treatment facilities. In addition, trend data are provided for monitoring changing patterns in substance abuse treatment admissions and discharges. This system also provides treatment outcomes data.

**Treatment Plan:** A plan which outlines the mutually acceptable goals to be accomplished in treatment, based on a comprehensive assessment with the client. It provides the road map for the treatment process by identifying long- and short-term goals, action steps necessary to achieve them, and the type and frequency of treatment. The method of development and the process of implementation are completely compatible with person-centered planning.

**Twelve-Step (12-Step):** A program designed to assist in the recovery from addiction or compulsive behavior, especially a spiritually-oriented program based on the principles of acknowledging one's personal responsibility and accepting help from a higher power. Examples of such programs include Alcoholics Anonymous, Al-anon, Al-ateen, Cocaine Anonymous, and Narcotics Anonymous.

**Valued-Based Practice (Promising Practice):** A practice which has not yet accrued a base of evidence demonstrating its effectiveness in promoting recovery, but for which there are other persuasive reasons to view it as having been a helpful resource, and as being a helpful resource in the future for people with mental health and/or substance use conditions.

**Virtual Recovery:** The achievement or maintenance of recovery through electronic media support groups with limited or no participation in face-to-face support meetings. This resource can be used as an adjunct to other recovery services and supports.

**Wellness:** A term generally used to mean a healthy balance of the mind, body and spirit, which results in an overall feeling of well-being. Additionally, it is considered an active process of becoming aware of and making choices toward a more successful and fulfilling life.

**Withdrawal:** The characteristic psychological and physiological signs and symptoms that appear when alcohol, or another drug that causes physical dependence, is regularly used and then is suddenly discontinued or decreased in dosage.